

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593295

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4	1					
5	2					
6	3					
7	4					
8	5					
9	6					
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12	9					
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23	20					
24	21					
25	22					
26	23					
27	24					
28	25					
29	26					
30	27					
31	28					
32	29	2				
33	30	2				
34	31	2				
35	32	1				
36	33	1				
37	34	1				
38	35	1				
39	36					
40	37					
41	38					
42	39					
43	40					
44	41					
45	42					
46	43					
47	44					
48	45					
49	46					
50	47					
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	41	←		←		←
TOTAL CLAIMS	42	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			████████	████████	████████	████████